

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
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3						
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TOTAL IND.	1	1				
TOTAL DEP.			2	2	2	2
TOTAL CLAIMS	2	2	2	2	2	2

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	IND	DEP										
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TOTAL IND.	1	1										
TOTAL DEP.			2	2	2	2	2	2	2	2	2	2
TOTAL CLAIMS	2	2	2	2	2	2	2	2	2	2	2	2